

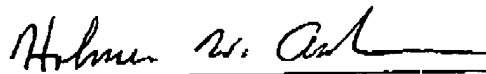
RECEIVED**CENTRAL FAX CENTER**Serial No.: 09/891011
Attorney Docket No: 120-223

JAN 25 2005

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office at number (703) 872-9306

January 25, 2005
date


Signature

Holmes W. Anderson, Reg. No. 37,272
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

| | |
|----------------------------|-----------------|
| Transmittal x 2 | 2 pages |
| Change of Correspondence | 1 page |
| Amendment | 7 pages |
| Total including this sheet | 11 <u>pages</u> |

Please type a plus sign (+) inside this box



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|------------------------|-----------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/891011 |
| | Filing Date | 06/25/2001 |
| | First Named Inventor | Wu |
| | Group Art Unit | 2182 |
| | Examiner Name | Patel |
| Total Number of Pages in This Submission | Attorney Docket Number | 120-233 14357RO |

RECEIVED
CENTRAL FAX CENTER
JAN 25 2005

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | Please charge any fee deficiency or credit any overpayment to Deposit Account No. 502569. | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Holmes W. Anderson, Reg. No. 37,272 Steubing McGuinness & Manaras LLP |
| Signature | |
| Date | January 25, 2005 |

| CERTIFICATE OF MAILING OR FACSIMILE | | | |
|---|-------------------|------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 33212 or being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306 on the date below: | | | |
| Type or printed name | Carol Ann Mahoney | | |
| Signature | | Date | January 25, 2005 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|------------------------|-----------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/891011 |
| | Filing Date | 06/25/2001 |
| | First Named Inventor | Wu |
| | Group Art Unit | 2182 |
| | Examiner Name | Patel |
| Total Number of Pages in This Submission | Attorney Docket Number | 120-233 14357RO |

| ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | Please charge any fee deficiency or credit any overpayment to Deposit Account No. 502569. | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Holmes W. Anderson, Reg. No. 37,272 Steubing McGuinness & Manaras LLP |
| Signature | |
| Date | January 25, 2005 |

| CERTIFICATE OF MAILING OR FACSIMILE | | | |
|---|-------------------|------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 33212 or being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9346 on the date below: | | | |
| Type or printed name | Carol Ann Mahoney | | |
| Signature | | Date | January 25, 2005 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant(s): Wu****Application No.: 09/891011****Filed: 06/25/2001****Title: Control Plane Failure Recovery in a Network****Attorney Docket No.: 120-223****Nortel: 14357RO****Commissioner for Patents****P.O. Box 1450****Alexandria, VA 22313-1450****Group Art Unit: 2182****Examiner: Patel****RECEIVED
CENTRAL FAX CENTER****JAN 25 2005****RESPONSE UNDER 37 CFR 1.111****Dear Sir:**

In response to the Office Action of December 15, 2004, please amend this application as follows: